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- **Transfer of Responsibility for Medicare Appeals** – The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires the Social Security Administration (SSA) and the Department of Health and Human Services (HHS) to develop and implement a plan for transferring the Medicare hearings function from SSA to HHS, while maintaining the independence from CMS of the administrative law judges hearing the cases.
 - **Process for Expedited Access to Review** – The MMA requires the Secretary to establish a process to expedite access to judicial review for legal issues that cannot be resolved administratively. The MMA also requires expedited review of certain provider agreement determinations, when termination or certain other immediate remedies are being imposed. Finally, the MMA requires the Secretary to establish a process for waiving disapproval of nurse-aide training programs if an imposed civil money penalty (CMP) is not related to quality of care.
 - **Revisions to Medicare Appeals Process** – The MMA reforms the current Medicare appeals process regarding presentation of evidence, notice requirements, and requirements for qualified independent contractors (QICs). It reduces the number of QICs required by Section 521 of the Benefits Improvement and protection Act of 2000 (BIPA) from 12 to 4.
 - **Revisions to Appeals Timeframes and Amounts** – The MMA increases the timeframes for decision-making at the lower levels of the appeals process (contractor and QIC) to 60 days (from 30). It also requires the dollar amounts in controversy to be adjusted annually by the percent increase of the Medicare component of the consumer price index for urban consumers.